

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

42090

FILED DEC 18 1950

State File No. **10331**
Registrar's No. **10331**

BIRTH MO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10331	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carter			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore 0180			
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) Dovie		a. (First) L.		b. (Middle) Carter		c. (Last) Carter	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 2, 1915	
9. AGE (In years, Jan birthday) 35		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Months _____ Days _____		12. UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Ellsinore, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph L. Carter		13b. MOTHER'S MAIDEN NAME Irene Walker		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Tony Carter, 1934 President St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung abscess ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteomyelitis arm + legs				INTERVAL BETWEEN ONSET AND DEATH Oct 15-20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 521X			
22. I hereby certify that I attended the deceased from <u>Nov. 21, 1950</u>, to <u>Dec 3, 1950</u>, that I last saw the deceased alive on <u>Dec 3, 1950</u>, and that death occurred at <u>12:35 p.m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE H. J. Moore M.D.				23b. ADDRESS 917-50 18		23c. DATE SIGNED 12-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-4-50		24c. NAME OF CEMETERY OR CREMATORY Ellsinore, Mo.		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. DEC 4 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44
JAN 18 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.